

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U- <u>6412</u>   | 2. Fiscal Year Covered From:<br><br>1 / 1 / 2004 Through: 12 / 31 / 2004  |
| 3. Name and address of person filing.<br><br>Name <u>Scott</u> L <u>Macey</u><br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <u>11 Cecile Street</u><br><br>City <u>Agawam</u><br><br>State <u>Massachusetts</u> ZIP Code + 4 <u>01001-1608</u> | 4. Name, file number, and address of labor organization.<br><br>Name <u>UFCW Local 1459, AFL-CIO</u><br><br>Labor Organization File Number <u>024-770</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>33 Eastland Street</u><br><br>City <u>Springfield</u><br><br>State <u>Massachusetts</u> ZIP Code + 4 <u>01109-2348</u> |
| 5. Position in labor organization. <u>President</u>   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br><br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4   | 7.a. Nature of Interest, Transaction, or Income.<br><br><br><br><br><br>7.b. Amount. |

Signature

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| 15. <b>Signature and verification.</b> The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |  |
| Signed <u>[Signature]</u>   | On <u>8-3-05</u> (413) 732-6209<br>Date Telephone Number |

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| Name of Person Filing <b>Scott Macey</b> | File Number <b>U-</b> |
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>UFCW Local 1459, AFL-CIO</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>33 Eastland Street</b></p> <p>City <b>Springfield</b></p> <p>State <b>Massachusetts</b> ZIP Code + 4 <b>01109-2348</b></p>                           | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Local 1459 &amp; Contributing Employers H&amp;W Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>33 Eastland Street</b></p> <p>City <b>Springfield</b></p> <p>State <b>Massachusetts</b> ZIP Code + 4 <b>01109-2348</b></p> | <p>11.a. Nature of such dealing.</p> <p><b>Expenses for Trust Fund Meetings and Educational Programs.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$2,832</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Trustee for Health Fund. Expenses for attendance at Trustee Meetings (Hotel, Meals). Expenses for attendance at Educational Seminars (airfare, hotel, meals, dues).</b></p> <p>12.b. Amount.</p> |

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Zenith Administrators, Inc.</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>541 North Fairbanks Ave, Suite 2400</b></p> <p>City <b>Chicago</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60611</b></p> | <p>14.a. Nature of payment.</p> <p><b>Golf (6/23/04)</b></p> <p><b>Meal (2/26/04)</b></p> |
| <p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>  | <p>14.b. Amount of payment. <b>\$263</b></p>  |

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| Name of Person Filing <b>Scott Macey</b> | File Number <b>U-</b> |
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**B. Held an interest in or derived income or economic benefit with monetary value from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p>b. Trust _____</p> <p>c. Employer _____</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>   | <p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Akman &amp; Associates, P.C.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1402 Front Avenue</b></p> <p>City <b>Lutherville</b></p> <p>State <b>Maryland</b> ZIP Code + 4 <b>21093</b></p> | <p>14.a. Nature of payment.</p> <p><b>Holiday Gift</b></p> |
| <p>13.b. Is the Business an Employer _____ or Consultant <input checked="" type="checkbox"/> ?</p>   | <p>14.b. Amount of payment.</p> <p><b>\$280</b></p>        |

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|--|-----------------------|

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

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| <p>C. <b>Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>  |  |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>The Union Labor Life Insurance Company</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>800 South Main Street</b></p> <p>City <b>Mansfield</b></p> <p>State <b>Massachusetts</b> ZIP Code + 4 <b>02048</b></p> | <p>14.a. Nature of payment.</p> <p><b>Meal (6/23/04)</b></p> |
| <p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> <p><b>\$97</b></p>           |